

(f) It normally takes about one year from the date of sanction for a new project/AWC to become operational. It is, therefore, expected that these centres would become operational by 31.3.2007.

**Health care in pregnancy and children**

\*176. SHRIMATI PREMA CARIAPPA:  
SHRIMATI SHOBHANA BHARTIA:

Will the Minister of WOMEN AND CHILD DEVELOPMENT be •  
pleased to state:

(a) whether a paper presented by the Centre for Social Research in a recent workshop organized by UNCEF addresses the grave problem of dismal health care that women receive throughout pregnancy and child birth often resulting in a high number of pregnancy related deaths;

(b) whether India in 2000 registered 1,37,000 maternal deaths per year, highest in world;

(c) whether the paper suggested that "safe motherhood" as a concept should be promoted by dual focus of attention—women's empowerment and improved healthcare access and delivery; and

(d) the steps Government propose to take to reduce pregnancy related deaths in India?

THE MINISTER OF STATE OF THE MINISTRY OF WOMEN AND CHILD DEVELOPMENT (SHRIMATI RENUKA CHOWDHURY):

(a) Yes, Sir.

(b) As per the report titled 'Maternal Mortality, 2000' published by WHO, UNICEF and UNFPA, 1,36,000 maternal deaths took place in India in the year 2000. However, as per estimates of Registrar General of India. Maternal Mortality Rate (MMR) has declined from 407 per 1,00,000 live births in 1998 to 301 per 1,00,000 live births in 2003. This translates into an absolute number of approximately 77,000 maternal deaths per year.

MMR, as estimated in respect of major States by the Registrar General of India is enclosed as Statement (See below).

(c) Yes, Sir.

(d) The Reproductive and Child Health Programme (RCH) of Ministry of Health and Family Welfare and the Integrated Child Development Services (ICDS) Scheme of the Ministry of Women and Child Development aim at

improving the access to and delivery of health care to pregnant women and nutritional status of pregnant women and children.

The services provided under the RCH and the NRHM are being strengthened through:—

- Janani Suraksha Yojana (JSY); Under this scheme cash incentives and services are provided to pregnant women for reducing maternal, infant mortality and promoting institutional deliveries. In the Low Performing States (LPS) of Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Assam and J& K, all women, including SCs/STs, delivering in the Government Health Centres, General Ward of District and State Hospitals and accredited private institutions get the benefits of the scheme.

In the high performing states (HPS) and North Eastern States, all Below Poverty Line (BPL) women aged 19 years and above, all SC/ST women delivering in Government Health Centres, General Wards of District and State Hospitals and accredited private institutions get the benefits.

Scale of cash assistance is higher in LPS and has also got an Accredited Social Health Activist (ASHA) component.

- Appointment of ASHA is made for every village with a population upto 1000. ASHA will facilitate in accessing health care services to the community and will have specific responsibility of mobilizing pregnant women for ante-natal care, institutional delivery and post natal checks and immunization to children.
- Operationalising of 2000 Community Health Centres (CHC) as first referral units for providing emergency Obstetric and Child Health Services (OCHS) making 50% Primary Health Centres functional for providing 24 hours delivery services over the next 5 years.
- Strengthening of Sub-Centres by providing a flexi fund of Rs. 10,000/r for utilizing at the sub-centre to improve the service delivery. The fund will be operated jointly by the local panchayat representative and Auxiliary Nurse Mid-wife (ANM).

- ICDS Scheme is aimed at improving the Nutritional and health status of pregnant women also The number of pregnant women and lactating women registered with the anganwadi centres for availing the services under ICDS is 209 lakh as on 31st March, 2006. Government is committed to universalize the ICDS and in pursuance thereof had sanctioned 1.88 lakh additional anganwadi centres and 467 additional projects in 2005-06. Sanction of 173 projects and 107274 anganwadi centres and 25961 mini anganwadi centres this year is also under active consideration of the Government.
- Organising of village Health and Nutrition Day at anganwadi centres atleast once a month.
- Ensuring quality of services by implementing India Public Health Standards (IPHS) for primary health care facilities.
- Ensuring skilled attendance at every birth —both in the community and at the institutions.

***Statement***

Major State	MMR (1998)	MMR (2003)
India	407	301
Andhra Pradesh	150	195
Assam	409	490
Bihar	452	371*
Gujarat	28	172
Haryana	103	162
Karnataka	195	228
Kerala	198	110
Madhya Pradesh	498	379+
Maharashtra	135	149
Orissa	367	358
Punjab	199	178
Rajasthan	670	445
Tamil Nadu	79	134
Uttar Pradesh	707	517@
West Bengal	266	194
Others	—	235

\* Bihar and Jharkhand.

\* MP and Chhattisgarh

@UP and Uttarakhand